

REPRODUCE LOCALLY. Include Form number and date on reproductions.

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE	PRIVACY ACT STATEMENT Collection of your Social Security number is authorized by Executive Order 9397 and will be used only for the purpose of positive identification. Furnishing this information is voluntary.	BASIC WORK SCHEDULE <i>(Days/Hours)</i>
EMPLOYEE WORK LOG <i>(See AMS Directive 306.1 Tours of Duty)</i>		

NAME	SOCIAL SECURITY NUMBER	PAY PERIOD	FROM	TO
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WEEK 1											
DAY	TIME IN	MID-DAY	TIME OUT	PAY STATUS					NONPAY STATUS		TOTAL <i>(All Hours)</i>
		OUT - IN		REGULAR HRS (01)	A/L (61)	S/L (62)	CREDIT USED (50)	OTHER <i>(Explain)</i>	CREDIT EARNED (29)	OTHER <i>(Explain)</i>	
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											
TOTAL - WEEK 1											

WEEK 2											
DAY	TIME IN	MID-DAY	TIME OUT	PAY STATUS					NONPAY STATUS		TOTAL <i>(All Hours)</i>
		OUT - IN		REGULAR HRS (01)	A/L (61)	S/L (62)	CREDIT USED (50)	OTHER <i>(Explain)</i>	CREDIT EARNED (29)	OTHER <i>(Explain)</i>	
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											
TOTAL - WEEK 2											

REMARKS

I certify that the information above is correct:	SIGNATURE OF EMPLOYEE	DATE <i>(Mo, Day, Year)</i>
Reviewed and approved for processing:	SIGNATURE OF SUPERVISOR	DATE <i>(Mo, Day, Year)</i>